

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>N.R.</i>		<i>52-26-01</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>PF</i>		<i>3/10</i>
<b>FORMALITY REVIEW</b>	<i>m</i>	<i>905</i>	<i>3/16/61</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>R.B.</i>	<i>1070</i>	<i>05106161</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
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Claim	Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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